

SOCIETY REPORTS

SAN FRANCISCO POLYCLINIC SOCIETY, FEB. 7, 1912.

Dr. Vard H. Hulen described the technic and demonstrated the apparatus for doing his operation for extracting a cataract in its capsule, this method having appeared in the July 15, 1911, issue of the Journal of the American Medical Association.

Dr. Hulen does not at present select his operation for private patients owing to the novelty of the principle of using vacuum fixation of the lens, etc., and the as yet unsettled position of the method in ophthalmic surgery. It is hoped that further experience will prove this method suitable for all senile cataracts of any degree of maturity, and superior to any intracapsular operation yet advanced.

It cannot be hoped that the Smith method will be generally adopted in this country or Europe when Maj. Smith himself says that to do his operation properly the surgeon must first have been trained under his (Smith's) personal direction through hundreds of extractions, and also that an experienced assistant therein is almost as necessary as a carefully trained operator.

It is generally conceded, I believe, that none of the men of this country who have been with Maj. Smith succeed in doing the Smith operation at home with the same percentage of good results as they obtained in India, this also applies to Maj. Smith's experience in this country and elsewhere outside his own hospital in Jullundur. This is probably due to the absence of his wonderfully experienced native assistant and also to the possible differences between the American and European patient and the Indian cataract subject.

Replying to the discussions I would not say that further experience with my method may not bring unexpected objections into view but the volume of the vacuum cup will not be one. The section for any intracapsular extraction must include, one-half the circumference of the cornea. My instrument does not require such a section for the vacuum pressure brings the cataract into the cup and in extracting through the section only the paper thickness of the cup counts; its size in the interior chamber before the vacuum is connected is of no importance. However my extractor with the dangling tube attached is quite an awkward instrument to handle as compared with those heretofore employed in the ordinary extraction.

Dr. M. W. Frederick: I think no operation is easier than the cataract. All were shaken up by the Indian method but no one in this town has ever attempted to do it. Major Smith stated that it required a great deal of practice on cheap material. Dr. Green, of Dayton, Ohio, did this operation on a local physician and the outcome in that case makes us desirous of performing the operation of extraction in the capsule if we knew how. The only approach to that operation that I have seen is the method proposed by Dr. Powers. The objection to this method of Dr. Hulen is the relatively large size of the instrument that has to be introduced.

Dr. Vard H. Hulen: The records of Major Smith do not amount to much; we know nothing about the acuteness of vision subsequently. When one of these patients leaves the hospital he is asked if he sees well and if he answers in the affirmative it is put in the record as a good result. If he answers that he does not see well it is put down as a poor result, and if the eye is lost it is put down as a failure.

2. Some Cases in Dermatology. Dr. Martin Regensburger.

Case No. 1—This is an interesting case of psoriasis. The patient is a machinist of 36 years. For

three months he has had this eruption over the body. It comes back each year and appears on different parts of the body; there is no itching. Thirteen years ago he was tattooed and five years ago the eruption first appeared. The eruption is now not as bad as it was before we commenced treatment. It is claimed by some authors that tattooing will cause psoriasis, but whether or not this was the cause in this case we do not know. It generally appears in robust people. Three weeks ago he came to the clinic and under treatment the eruption is disappearing very rapidly. There is no family history; generally there is a family history and as a rule it skips from one generation to another.

Case No. 2—This is a case of mucous patches of the tongue. The patient is 60 years of age; at 40 years of age he had a chancre. There is a very deep sore on the left side of the tongue. He has been given iodide and has improved considerably. The mucous patches of the mouth are most difficult to get rid of; even with Salvarsan there is not much help. You will see that the whole tongue is involved.

Case No. 3—This patient had a chancre three years ago. He came to us with a macular eruption all over the body. He was put under mercurial treatment and the rash disappeared but he insisted upon having Salvarsan and so last Saturday we gave it to him. As you all know I am not in favor of the use of Salvarsan, for the more I read about it the less I want to give it, as there have been so many accidents connected with it. In my practice I have had such good results with the mercury and iodide of potash that I favor it, as when we use that we know where we stand, but with Salvarsan we do not know how we stand. I am afraid to use it and do not want to get into trouble with my patients. After taking the Salvarsan this patient had no symptoms. The eruption has now almost disappeared. In this case we were rather timid about administering the Salvarsan because the patient had a cataract of the left eye, but Dr. Hulen examined him and recommended that it could be given without any danger.

Dr. E. D. Chipman: Referring to the first case presented by Dr. Regensburger I will say that there is no problem in dermatology more interesting than psoriasis; it belongs to that class of cases the causes of which we do not know. Two years ago at the American Dermatological Association I was surprised to gather that the majority of men seemed to favor the view of parasitism in the etiology of psoriasis. I cannot subscribe to that at all, because of its tendency to recur, the special seats of predilection, its appearance at all times and under all conditions which would not favor the growth of micro-organisms. I had a case in which the hands were very much like the hands in this patient and he would do well for a while and clear up under treatment, and when that treatment would be used at a later period it would be found that it had lost its effect. Under the X-ray lesions fade away as if by magic but they occur again and it takes longer exposure to effect the cure. Concerning Dr. Regensburger's remarks with reference to Salvarsan, I understand his point of view as I have worked with him and he seems to have a knack of getting more out of mercury and iodide than most of us. His treatment of syphilis with pills does give better results than we see in most places. I have given intramuscular injections of Salvarsan carefully and yet although the lesions disappeared there has not been a reduction in the Wassermann that one would hope for.

Dr. E. A. Victors: In regard to the Wassermann and Salvarsan, because of several injections of Salvarsan it does not necessarily mean that a negative Wassermann reaction be immediately pro-

duced. It is the result of immune bodies rather than an activity. Often after a few weeks the Wassermann is almost as positive as before the Salvarsan injection. Then comes secondary chance and in about 7 days the reaction becomes negative. The earlier serological test should not be considered in any sense as an index of the effect of Salvarsan.

3—Report of a Case of Cesarean Section under Local Anesthesia; patient suffering from exophthalmic goitre. Dr. A. J. Lartigau.

This case is interesting because the life of the patient was saved by the performance of this operation. The patient was referred to me by Dr. Terry in May, 1911. She was 29 years of age and there was nothing of importance in the family history. As a matter of fact, this patient had been, although delicate throughout life, perfectly well until three years ago, when she developed symptoms of classical exophthalmic goitre. For this she consulted Dr. Terry, who advised operation for removal of the thyroid gland. The patient's general condition was generally very poor; in addition to the marked exophthalmic symptoms there was albumin in the urine and large numbers of hyaline and granular casts. The condition was so critical that Dr. Terry felt he was not warranted to do the operation at a single step, so he proposed the operation of ligation of the thyroid artery. At all events the greater portion of the thyroid gland was removed. The patient gradually recovered and was quite well until about one year ago; the condition of the kidney so improved that the albumin disappeared. She then married one year prior to the time that she came under my observation. She became pregnant and at her fourth month of pregnancy she was referred to me, as I said before, by Dr. Terry. At that time she was especially pale, poorly nourished and there was marked cyanosis of the nose, tips of the fingers and wrists. There was edema of both lower extremities, well marked exophthalmos; the right lobe of the thyroid could not be made out while the left was the size of a walnut; the veins of the neck were distended, pulse 160, and the heart action was extremely irregular. The physical examination of the lungs was negative with the exception of pronounced dyspnea when I saw her, and moist rales of both bases; otherwise the examination was really negative. The pelvic measurements were quite normal. The urine which was submitted contained a large amount of albumin and large numbers of casts, both hyaline and granular. After consulting with Dr. Terry we decided to explain to the patient and her family that she was in a very grave condition and that the outlook for the patient was very poor as she had five months to go. However, she decided to have nothing done, so returned to her home in Burlingame. I insisted that she should go to bed, be put on a milk diet and the urine be measured every 24 hours. Notwithstanding this treatment the general symptoms of the patient became gradually worse, the edema of the legs increased, the amount of albumin likewise increased in the urine and the urine dropped in the next 6 weeks to between 14 and 15 ounces in 24 hours. In the meantime I saw her several times; the dyspnea had increased remarkably, the cyanosis also was accentuated and the pulse rate had increased. On Oct. 24th the patient was brought from Burlingame and taken to the St. Francis Hospital. I saw her in bed about 4 o'clock in the afternoon and there was pronounced cyanosis of the lips and the heart action could not be counted. I had Dr. Terry count it and he tried to, but could not arrive at any very accurate conclusion in that respect. The patient was then almost in the sixth month. We explained the situation to the family and proposed Cesarean section. We concluded that if we induced labor the effort of labor would prove too much. At 10 o'clock that night Cesarean

section was done under local anesthesia, with the assistance of Dr. Reginald Knight Smith. It was done under novocaine $\frac{1}{2}\%$ in which a few drops of adrenalin was added. The operation was completed in 26 minutes, the child living from 10 to 11 hours. The patient had a very stormy convalescence. After 4 or 5 days the general condition improved and at the end of 3 weeks a good many of the general exophthalmic symptoms gradually subsided although the pulse rate was 110 at the end of 3 weeks. I have since seen this patient several times and while her action still remains between 100 and 120, she is strong and able to get around more or less; the albumin has almost entirely disappeared from the urine, there still are a few casts and the edema of the lower extremities has almost disappeared. This case emphasizes the value of Cesarean section under conditions such as presented themselves on this occasion. It seems to me that if Cesarean section were more frequently employed where the issue is doubtful that we would have much more favorable results. In the last year I have used Cesarean section in three cases of placenta previa with excellent results in all three cases. I also used it in a case of transverse position, and in this it was successful.

Dr. F. B. Carpenter: There is no question that Cesarean section holds a valuable place in abdominal surgery, but there is no doubt but that the pendulum is going to swing too far, and the procedure be employed where it is unnecessary. It occurred to me as the Doctor has been talking that in this particular case that possibly instead of operating on the woman's abdomen had more of the thyroid been removed the pregnancy might have been gone through with and the patient might have recovered in better condition than the Cesarean section left her. It is a familiar fact that thyroid tissues regenerate even after operation and it is quite within reason that had such a thing been done that section might have been avoided and possibly the woman would have had much less trouble.

Dr. G. Barrett: I would like to ask as to the advisability of section of the tube in cases of such marked exophthalmos and the probable recurrence of symptoms of the same kind.

Dr. A. J. Lartigau: I stated that this case was extremely interesting from the clinical standpoint on account of the recurrence of exophthalmic goitre after operation under pregnancy. In a general way pregnancy influences exophthalmic goitre badly although there have been instances where the goitre has benefited by pregnancy but the general impression among those having experience in this line is that pregnancy aggravates the condition. This patient had been operated upon by a man of experience, she had recovered almost entirely from her symptoms of exophthalmic goitre and had been free from symptoms for at least one year. Then under the influence of pregnancy the remaining parts of one lobe gradually became larger and larger and with the increase in size of the remaining thyroid tissues the exophthalmic symptoms returned and became more pronounced. Regarding the comment of Dr. Carpenter on the performance of a second thyroid operation I do not think that would have been of influence on the condition at the time she presented herself to me. She was then not only seriously ill from exophthalmic symptoms but also from the kidney standpoint, the urine contained large amounts of albumin and hyaline and granular casts and leukocytes; the urinary condition became gradually worse as well as the exophthalmic symptoms. With reference to Dr. Barrett's question. This subject of course was thoroughly discussed with the patient, her husband and her relatives but there were strong religious grounds why this

should not be done; she would not under any circumstances consent, nor would her husband or the remainder of her family. She proposes to wait and improve and possibly in several years she will go through the same experience again in an attempt to have a child.

4. Report of a Case of Fracture of the Frontal Bone and Meningitis. Dr. W. F. Beerman.

The case I wish to report was seen with Dr. Berndt on Oct. 19th, 1911. Patient is an electrician, age 31; was thrown from an automobile striking on his head; he was rendered unconscious and remained so for six days. Then for two or three days he got about and did a little work around his home, following which patient showed signs of dementia. He was likewise forgetful, dirty in his habits and had to be watched in order that he did not injure himself or others. He was brought to San Francisco and placed in a hospital, where he was observed by a physician for a week; the hospital authorities caused his dismissal saying they did not care for insane patients. He was taken to another hospital and dismissed from that institution for the same reason. When I saw the patient it was six weeks after the accident; examination revealed a partial bitemporal hemianopsia and total bilateral anosmia. The reflexes, sensations, muscle sense, optic discs and every other function of the nervous system were normal. Palpation of the skull was everywhere painful, particularly over both frontal bones. Neck was tender and rigid. Kernig sign was well marked; no Babinski. Lumbar puncture was performed and the spinal fluid was under extremely high pressure. Examination of spinal fluid; marked positive Noguchi, also Nonne. The cell count was extraordinary in that there were from two to three hundred or more small and large lymphocytes to the field. White blood count 7000. He was running a temperature, and as we know fever is not in favor of a luetic process. Nonne states in his newest edition on Syphilis of the Nervous System that fever is very uncommon. Oppenheim states that the presence of high fever speaks for a complicating process. Strassman has lately reported 2 cases of cerebro-spinal syphilis where the temperature ran to 101, 102 and 103 F. With the knowledge of the existence of a fracture of the skull the question as to the nature of the meningitis arose; whether it was serous or whether it was a form of secondary meningitis following fracture, or whether of tuberculous or syphilitic origin. The Wassermann was negative in both blood and spinal fluid. The cell count in the spinal fluid demanded the use of anti-luetic drugs, so the patient was placed on large doses of K. I. and mercury and within a week his condition began to improve. The improvement was so rapid that within two weeks after the treatment had been instituted the patient was discharged entirely free from all subjective symptoms and has returned to his work. Sooner or later, however, an operation may be demanded for the relief of the depressed fracture of the right frontal bone. An interesting feature of this case is that 10 days after treatment was begun the patient's friends noticed that when patient was standing up fluid ran from his nose. I noted at an examination I had made, that if the patient stood erect, a clear fluid ran in a steady stream from the left nostril. The fluid showed the same characteristics as the fluid obtained by lumbar-puncture. In the stained slide the lymphocytes averaged one to two hundred per field. I believe that the characteristic cell count of the spinal fluid, together with the rapidity with which anti-luetic remedies brought about a condition of cure, justifies the diagnosis of a basal syphilitic process, following trauma of the skull.

Dr. Barrett: I would like to enquire of Dr. Beerman what size doses of K. I. he used, and

whether or not X-Ray was taken that showed the fracture.

Dr. W. F. Beerman: The dose used was 60 gr. three times a day and worked up to 200. X-Ray was taken and showed fracture of the inner table of the frontal bone.

5. Interscapular thoracic amputation. Dr. H. A. L. Ryfkogel.

Dr. F. B. Carpenter: I have not had any experience with this operation. From the general direction of the lymphatic stream from the arm through the axilla and through the subclavian vein makes it look as if it were a very rational procedure and a thing that should be considered in any case involving metastatic subsequent growth.

Dr. A. J. Lartigau: While I have had no experience with this class of cases I have seen in my former training a number of cases of this sort operated upon and I wish to emphasize as Dr. Ryfkogel has done, the importance of radical operations in these cases. In the Roosevelt Hospital, New York, I saw a number of cases operated upon of carcinoma, and more especially sarcomas of the hand, where if the incomplete operation was done it was followed by recurrence higher up in a short time. I remember the case of a young man who shortly after marriage developed on the ring finger, at the point where the finger was in contact with the ring, a melanotic sarcoma. He consulted a Chicago surgeon who did the conservative operation and eventually he had to lose the finger as well as part of the hand. The diagnosis was not made clinically but microscopically. Finally the patient had recurrence which necessitated amputation of the arm by the late Dr. Bull. A short time afterwards there was involvement of the axillary glands notwithstanding the fact that this was sarcoma. A third operation was done but it was of no avail for already the pleura was involved. It seems that in these cases radical operation should be done at once especially if the growth is of distinct malignant nature.

Dr. E. D. Chipman: The general character of the papers presented here tonight has interested me greatly and they are so well presented that one would almost be delighted to have a fracture of the skull, a cataract, to say nothing of a Cesarean section.

Dr. H. A. L. Ryfkogel: I would like to suggest something which I forgot in the original talk and that is that this operation could be used not infrequently in certain ordinarily inoperable cancers of the breast, not with the idea of curing the patient but with the intention of getting rid of the mass filling the axilla. This is quite feasible as shown by the second case which I reported. This patient showed a condition we see frequently in inoperable breast cancers.

PROCEEDINGS OF THE SAN FRANCISCO COUNTY MEDICAL SOCIETY.

During the month of March, 1912, the following meetings were held:

Section on Medicine, March 5th, 1912.

This meeting was held at the University of California Hospital, Dr. H. C. Moffitt demonstrating practically all the interesting medical cases in the wards of the hospital. In spite of the inclemency of the weather and the long ride entailed quite a number of the members attended, all of whom felt amply repaid by the excellent program.

Regular Meeting, March 12th, 1912.

1. Hookworm among Oriental Immigrants. Dr. W. M. Glover, U. S. P. H. and M. H. S. Discussed by Dr. H. Gunn, Dr. B. Ffoulkes and Dr. M. W. Glover. (To be published in J. A. M. A.)

2. Some Reflections after Twenty-five Years of

Private Practice in Obstetrics. Dr. Henry J. Kreutzmann. Discussed by Dr. G. Adams, Dr. C. K. Herzog and Dr. H. J. Kreutzmann. (To be published in J. A. M. A.)

Section on Surgery, March 19th, 1912.

1. Report of a Case of Left-Sided Hydronephrosis. Dr. M. Krotoszyner.
2. Late Result in a Case of Traumatic Epilepsy. Dr. Alfred Newman. Discussed by Dr. Sol Hyman and Dr. Alfred Newman.
3. Hot Air Treatment in Gynecology with Demonstration of an Apparatus. Dr. W. F. B. Wakefield. Discussed by Dr. A. J. Lartigau, Dr. J. Rosenstirn and Dr. W. F. B. Wakefield.
4. Case Reports. Dr. H. J. Kreutzmann.
5. The Choice of Operation in Hysterectomy. Dr. J. H. Barbat. Discussed by Dr. L. H. Hoffman, Dr. F. B. Carpenter, Dr. J. Rosenstirn, Dr. H. J. Kreutzmann and Dr. J. H. Barbat.

Eye, Ear, Nose and Throat Section, March 26th, 1912.

1. Presentation of a Case of Double Glioma. Dr. C. R. Bricca. Discussed by Dr. C. F. Welty, Dr. W. H. Crothers, Dr. H. B. Graham, Dr. W. F. Blake and Dr. C. R. Bricca.
2. Review of Some Recent German Literature. Dr. H. Horn.
3. The Value of Prisms in Eye Strain. Discussed by Dr. V. H. Hulen, Dr. J. J. Kingwell, Dr. W. F. Blake and Dr. A. S. Green.

ALAMEDA COUNTY.

Report of the meeting of the Alameda County Medical Association for the months of January, February and March, 1912. For the January meeting the program was arranged by Dr. M. L. Emerson.

- I. HemorrhoidsBy Dr. Dukes
- II. Varicose Veins.....By Dr. Coleman
- III. Surgical Knots.....By Dr. Emerson
- IV. Circumcision.....By Dr. Ewer
- V. Ingrown Toe Nails.....By Dr. W. A. Clark
- VI. Transfusion.....By Dr. Chamberlain
- VII. Infected Wounds.....By Dr. Buteau

Dr. Milton reported an interesting case of Arthritis Deformans or Rheumatoid Arthritis.

Dr. Chamberlain in closing his paper said, that though Transfusion is classed as a minor operation it should not be attempted without careful preparation and training on the part of the surgeon and in any event, should be looked upon as an operation of last resort. Transfusion has been tried in a great variety of cases, its greatest, if not only success, however, has been in the secondary anaemias, shock and hemorrhage, and especially to fortify an anaemic patient against the dangers of a major surgical procedure.

Dr. Buteau in his paper suggested that in the operative treatment of fractures cotton gloves might be worn to protect the rubber ones. In the treatment of accidental wounds a warning note is sounded against the use of disinfectants. It is the doctor's practice to cleanse the skin and wounds with a normal saline solution and then drain. Punctured wounds are cut down upon and drained. If the wound be from the street or wadding antitetanic serum is used.

February Meeting.

Dr. Reinle read a paper on the "European Opinion of Salvarsan."

Dr. Emerson on "Gastroenterostomy in Apparent Malignant Cases."

Dr. Powell gave a paper on "Why One Should Go Away from Home."

Dr. Buteau reported an interesting case presenting symptoms of Angina with increased dullness around the heart. A pulsating tumor-like mass was discernable. Aneurism was suggested

but no diagnosis made. There was a history of syphilis and on this basis the patient was treated. He improved for two weeks when he died suddenly. The post-mortem showed an aneurism with a blood clot closing the lumen of the aorta and a rupture of the left ventricle.

March Meeting.

The following program was arranged by Dr. L. H. Briggs:

- I. Demonstration of Syphilitic Eye LesionsHayward Thomas
- II. Three Cases of Cerebral-Spinal SyphilisA. A. Alexander
- III. Experience with the Wassermann Reaction in Syphilis.....W. S. Kuder
- IV. Demonstration of the Phenol-Sulphon-Pthalein Test of Kidney Function...L. H. Briggs

These papers brought out an interesting discussion, participated in by the writers, Drs. Emerson, Reinle, T. J. Clark, McVey, Riggan and W. H. Sampson.

PAULINE S. NUSBAUMER,
Secretary.

CALIFORNIA ACADEMY OF MEDICINE.

The California Academy of Medicine held its regular meeting on March 25th, 1912, in the Library of the County Medical Society. The following scientific program was given:

1. Demonstration of an Apparatus for Determining the Pressure of the Cerebro-Spinal Fluid. Dr. E. S. Kilgore. Discussed by Dr. G. E. Ebright, Dr. R. L. Wilbur, Dr. G. Y. Rusk, Dr. E. C. Fleischner and Dr. E. S. Kilgore.

2. The Management of Labor in Moderately Contracted Pelves. Dr. Henry J. Kreutzmann. Discussed by Dr. A. B. Spalding, Dr. A. J. Lartigau and Dr. H. J. Kreutzmann.

Major Donald Currie, U. S. P. H. and M. H. S., and Dr. Jule B. Frankenheimer were elected to membership.

Refreshments were served at the close of the meeting.

COOPER CLINICAL SOCIETY.

The Cooper Clinical Society held a meeting on Monday, April 8th, 1912, at Cooper Medical College, at which the following program was given:

1. Demonstration of Surgical Cases. Dr. W. H. Winterberg.

- (a). Supra Condylar Fracture of the Humerus.
- (b). Epiphyseal Separation.
- (c). Two Cases of Whitehead Operation.
- (d). Pedunculated Hemorrhoid.
- (e). Stricture, Syphilitic, of the Rectum.

Discussed by Dr. James Eaves, Dr. J. Walsh, Dr. R. W. O'Neal, Dr. W. H. Winterberg.

2. Demonstration of Medical Cases. Dr. P. H. Luttrell.

- (a). Malignancy Originating in Region of Gall Bladder, with Metastases in Liver and Stomach.
- (b). Pseudo Muscular Dystrophy.
- (c). Infiltration of the Liver.
- (d). Bronze Diabetes.
- (e). Lead Palsy.

Discussed by Dr. Mertens, Dr. S. O. Beasley, Dr. H. R. Oliver, Dr. T. Addis, Dr. R. W. O'Neal, Dr. P. H. Luttrell.

At the close of the program refreshments were served.

ORANGE COUNTY.

The annual election of officers was held at the meeting of April 5th, with the following result: President, Ida B. Parker; Vice-President, H. A. Johnston; Secretary, John Wehrly; Treasurer, H.

S. Gordon; Librarian, C. D. Ball. The Society received six new members for the year and lost two by death and one by removal.

JOHN WEHRLY, Secretary.

SAN JOAQUIN VALLEY MEDICAL SOCIETY.

The Thirty-second regular meeting of the San Joaquin Valley Medical Society was held in Fresno, Tuesday, March 12, 1912, at which a large attendance was present.

The following papers were read and discussed quite freely.

1. Indications for and the Technique of the Block Dissection of the Neck in Cancer of the Lip and Tongue,

H. A. L. Ryfkogel, M. D., San Francisco.
Discussion by

2. (a) A report of two cases of Sinus-Thrombosis,
(b) A report of a case of Retro-pharyngeal Abscess,

D. H. Trowbridge, M. D., Fresno.
3. Report of a case of Sinus Thrombosis,

F. A. Hamlin, M. D., Bakersfield.
Discussion by

4. Puerperal Sepsis,
A. B. Spalding, M. D., San Francisco.
Discussion by

5. Calculi in Kidney, Ureter and Bladder with X-Ray Plates,
R. J. Rigdon, M. D., San Francisco.
Discussion by

6. Removal of Ureteral Stones Through Cystoscope,
Alfred B. Grosse, M. D., San Francisco.
Discussion by

7. Review of Six Cases of Gall Stone Surgery,
C. T. Rosson, M. D., Hanford.
Discussion by

8. Tuberculosis from a General Practitioner's Standpoint,
Fred H. Williams, M. D., Selma.
Discussion by

R. W. Musgrave, M. D., Hanford.
Resolutions of respect on the death of Dr. W. T. Maupin were introduced, as follows:

To the Officers and Members of the San Joaquin Valley Medical Society:

Your committee desires to offer the following resolutions of respect:

Whereas, Dr. W. T. Maupin, one of the charter members of this Society, has passed to the great beyond; be it

Resolved, That as one of the oldest practitioners among us he always stood for the best upholding of the profession in every respect, his life, professional and social, being an exponent of this;

That he was always public spirited and ever ready to sacrifice time and effort in public weal. Instance—when Health Officer he was directly instrumental at the expense of time and labor in having the old mill ditch on Fresno street abandoned and filled up;

That he was ever faithful in attending the meetings of the Medical Society, contributing of his ability to its upbuilding and progress. For instance, while feeble from illness, at great effort he attended the last session of this Society;

That he ever held out a helping hand to his brother practitioner, and that in his removal this Society and the profession has sustained the loss of a valuable member and faithful friend; therefore, be it

Resolved, That our sympathy is extended to the

family, and a copy of these resolutions be spread on the minutes of the Society.

D. H. TROWBRIDGE,
E. C. DUNN,
O. W. STEINWAND,

Committee.

Owing to the large amount of detail work of the Secretary, it was found necessary to appoint a Committee on Scientific Program, which was composed of Dr. Geo. H. Aiken and T. M. Hayden.

The following officers were elected for the ensuing term: Dr. H. Hildreth, Delano, President; Dr. O. W. Steinwand, Selma, First Vice-President; Dr. A. R. Nicholson, Oleander, Second Vice-President; Dr. R. O. Ross, Fresno, Secretary; Dr. D. H. Trowbridge, Fresno, Assistant Secretary, and Dr. T. M. Hayden, Fresno, Treasurer.

Drs. R. L. Rigdon, H. A. L. Ryfkogel and A. B. Grosse, all of San Francisco, added much interest to their papers by giving illustrative slides on their various subjects discussed, which were greatly enjoyed by the members present.

Dr. A. B. Spalding's paper was read at the banquet.

The evening was delightfully spent at the banquet held at the Rathskeller of the Sequoia Hotel, where pleasant wit, humor and good fellowship prevailed.

The next meeting will be held at Merced in October, 1912.

SONOMA COUNTY.

The meeting of the Sonoma County Medical Society for March was well attended and the doctors spent a pleasant and profitable evening. Dr. T. W. Huntington, professor of surgery in the University of California, and president of the California Medical Society, was the guest of honor at the meeting. He delivered an address on "Some Problems of Medical Education." The address was listened to with rapt attention on the part of the Sonoma county physicians. Those present at the meeting were: Healdsburg—Dr. I. A. Wheeler and Dr. J. W. Seawell. Sebastopol—Dr. J. W. Kerr, Dr. F. N. Folsom and Dr. J. J. Keating. Occidental—Dr. R. A. Forrest. Santa Rosa—Dr. E. M. Yates, Dr. R. M. Bonar, Dr. J. W. Cline, Dr. F. O. Pryor, Dr. J. W. Scamell, Dr. J. H. McLeod, Dr. R. A. Howard, Dr. J. W. Clark and Dr. Jackson Temple.

GOOD CIRCULAR LETTER.

To the Physicians of Alameda County:

Dear Doctor:—In an effort to acquaint you more fully with certain provisions of Section 8 of the California Poison Law, the Alameda County Pharmaceutical Society is submitting to you this letter and asks that you kindly give it your serious consideration.

This letter has been previously submitted to the Alameda County Medical Society, which Society is giving our efforts their unqualified endorsement and support.

Certain portions of Section 8 of the California Poison Law, which are of particular interest to the physicians of this State, are as follows:

Sec. 8. It shall be unlawful for any person, firm or corporation to sell, furnish or give away or to have in their or his possession any cocaine, opium, morphine, codeine, heroin, alpha eucaine, beta eucaine, nova caine or chloral hydrate or any of the salts, derivatives or compounds of the foregoing substances or any preparation or compound containing any of the foregoing substances or their salts, derivatives or compounds, excepting upon the written order or prescription of a physician, dentist or veterinary surgeon, licensed to practice in this State, which order or prescription shall be dated, and the name of the person for

whom prescribed, written in by the person writing said prescription, and it shall not be again compounded or dispensed if each fluid ounce or avoirdupois ounce contains more than 8 grains of opium, 1 grain of morphine or 2 grains of codeine or $\frac{1}{2}$ grain of heroin or 1 grain of cocain or 1 grain of alpha eucaine or 1 grain of beta eucaine or 1 grain of nova caine or 60 grains of chloral hydrate, excepting upon the written order of the prescriber for each and every subsequent compounding or dispensing. It shall be unlawful for any practitioner of medicine, dentistry or veterinary medicine to furnish or to prescribe for the use of any habitual user of same, any cocaine, opium, morphine, codeine, heroin or chloral hydrate or any salt, derivative or compound of the foregoing substances or their salts, derivatives or compounds; provided, however, that the provisions of this section shall not be construed to prevent any duly licensed physician from furnishing or prescribing in good faith for the habitual user of any narcotic drugs, who is under his professional care, such substances as he may deem necessary for their treatment, when such prescriptions are not given or substances furnished for the purpose of evading the purposes of this act.

You will observe from the above that it is unlawful for a druggist to sell a nurse any of the prohibited drugs without a physician's prescription.

To fill a narcotic prescription unless the name of the patient and the date are written thereon by the physician, and signed by him.

To fill a narcotic prescription received by telephone unless the physician sends or gives a written prescription later therefor.

To refill a narcotic prescription without the written order of the physician, if same contains more than the amounts of the prohibited drugs provided for in this law.

We trust you may see fit to give this matter your earnest support. Our object in seeking your co-operation is to assist the druggists in maintaining this most excellent law with as little inconvenience as possible to yourself, your patient and the druggist. Yours very sincerely,

THE ALAMEDA COUNTY PHARMACEUTICAL SOCIETY,

W. BRUCE PHILIP, President.
F. S. KLINKNER, Secretary.

GOOD SUGGESTIONS FOR COUNTY MEDICAL SOCIETIES.—ISSUED BY THE NEW YORK STATE SOCIETY.

1st. Improved programs. Interest in the meeting depends largely on the attractiveness of the program.

2d. Take up post-graduate course as recommended by American Medical Association. This systematizes the programs.

3d. Confer with State Board of Health for at least one meeting a year on public health matters. Co-operation with the Health Department is essential to the welfare of the community.

4th. Have at least one reader a year from a distance. Confer with Committee on Scientific Work of State Society if necessary. It will be glad to suggest names of those willing to render such service.

5th. Arrange for one or more clinical meetings a year. Select subject and request all who have proper cases to bring them before the Society; then have a discussion on the same, always with the understanding that discussion of the case shall not be held in the presence of the patient; otherwise, frequently patients cannot be shown for obvious reasons.

6th. Arrange for demonstrations by bacteriologists and pathologists with specimens, lantern slides, etc.

7th. Arrange for social part of meeting. Some light refreshments at the close of the meeting are an adjunct to fraternal intercourse.

8th. See that meetings are held often enough to keep up interest. Once or twice a year is not enough. Invite every member of the profession in the county to at least one meeting a year, not necessarily inviting them all to the same meeting. In counties where men do not show a willingness to write papers either designate writers for different meetings or see that outsiders are invited—in other words, see that the meetings are made interesting. It should be the aim of every County Society to secure a permanent home; a small library, with a supply of current journals, and the use of the larger libraries for reference books will greatly increase interest in the county organizations.

9th. Arrange the time of meeting to accommodate the largest number of members. Where men come from long distances, an evening session is obviously the most inconvenient. An afternoon session will often appeal to a larger number of men when it permits them to reach their homes at a seasonable hour.

10th. Select as officers men who are willing to work. Keep good men in office. Do not promote those who have shown they will not attend to the duties assigned them. Efficiency is the only criterion of leadership. "No physician should accept office unless he is prepared to give the position the attention that it deserves and unless he is interested in the work."

11th. In small societies do not unduly multiply offices—the Secretary's and Treasurer's duties can be best done by one man. Always supply officers with clerical help if work is onerous. Detailed drudgery work should not be asked of men serving for others without compensation.

12th. Make the dues large enough to warrant conducting the Society work in a proper manner. Those who object to the amount of their dues usually do so because they are not receiving full value for them. Give back a dollar in value for every dollar paid in and complaints will be few.

13th. Provide a Committee on Entertainment who shall welcome new or prospective members or guests at meetings. The officers of the Society may be active or ex officio members of such committee. Newly registered physicians should be visited by such committee or written to and asked to join the County Society.

14th. See that the meetings, programs and proceedings are published regularly and promptly in the State Journal.

15th. Have high ideals. Be liberal yet firm in maintenance of a high ethical standard. Educate the public. Be a power for good in the community. Do not be ashamed of the County Society or apologize for it; make it better. Attend all meetings and see that others do the same. "The County Society is a conservator of patriotism and worthy citizenship."

BOOK REVIEWS

One Hundred Surgical Problems. James G. Mumford, M. D. Published by W. M. Leonard, Boston, 1911.

Written in most captivating style and put in the form of narrative more engaging than the usual case histories, this volume offers to all medical men, not only to surgeons, a most attractive recital of some of the author's ripe experience. It will not stand as a keen surgical discourse but criticism on that score would be eminently unfair as it is plain enough that it was not written with such a purpose.

When tired of poring over technical studies and